Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/21/2</u> 0 <u>10</u>	Address:	<u> 23 W. WALNUT ST.</u>
Case #:	<u>42F31172</u>		<u>APT. 3</u>
County:	JENNINGS		NORTH VERNON, IN.
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		Residence Cutbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
<u>ltems Four</u>	nd: Location (bedroom, kitchen, open ai	r, etc)	- —
(check all that apply) Lithium/Ammonia Reaction(s): <u>IN APT.</u>			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: IN APT.			
Water Reactive Metal (Lithium): IN APT.			
	ous Anmonia:		
Hydtoci	nloric Acid Gas Conerator(s):		
	ve Acid:		
⊠ Corrosiv	ve Base: <u>IN APT.</u>		
Other (it	tem and location):		
∐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information e/Pscudoephedrine Tracking Log erchant Tip
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Health Depa	ment: N <u>ORTH VERNON FIRE</u> artiment: J <u>ENNINGS CO.</u>	Fax: <u>812-34</u> Fax: <u>812-35</u> Fax: <u>N/A</u>	
Child Protec	ction Service: <u>N</u> / <u>A</u>		
For further i Investigating	nformation regarding this methamphe g Officer: MARTIN A. MEAD Phon	tamine laboratory, co ic 812-522-1441	ntact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department First form is to be included with the case file, and a copy sent to the Clandestine I aboratory Team Leader for retention.